



December 10, 2018

Marlene H. Dortch, Secretary  
Office of the Secretary  
Federal Communications Commission  
445 12<sup>th</sup> Street SW  
Washington, DC 20554

Re: WC Docket No. 18-336 and CC Docket No. 92-105 regarding the National Suicide Hotline Improvement Act of 2018.

Dear Madam,

United Way of North Carolina appreciates the opportunity to comment on the current effort undertaken by the Federal Communications Commission to study the feasibility of designating a three-digit number to the National Suicide Hotline and to assess the effectiveness of the current National Suicide Prevention Lifeline. We fight for the health, education, and financial stability of every person in every community in the U.S. and across the world. As part of that mission, we whole-heartedly support and believe in the 211 service that provides our neighbors with access to vital social and human services and resources every day – including suicide prevention and mental health resources.

We applaud the efforts to improve access to services for people in a mental health crisis and are committed to being an integral part of the solution. The National Suicide Prevention Lifeline, along with a broad network of mental health providers including State and local health departments, offer critical services and programs to some of our most vulnerable citizens. We stand with them in their efforts to make a difference. We know that “help by telephone” is proven effective in suicide prevention, and current hotline services mitigate risk, while follow-up calls offered by our network of 211 providers reduce future suicidal behaviors and increase help-seeking. In addition:

- We believe a helpline and awareness of those helplines will help eliminate stigma around mental health.
- We acknowledge efforts are needed to create a safe place for all people to call – especially underserved or marginalized populations such as seniors, people with physical or intellectual disabilities, people that identify as LGBTQ+, Veterans, American Natives, non-English speakers, and individuals facing complex problems such as substance/opioid use, human trafficking, and domestic violence, etc.
- The increased volume of more than 1.7 million annual calls to the existing National Suicide Prevention Lifeline coupled with an increasing demand warrants examination and improvement in the system.
- We recognize that suicide prevention is a collaborative effort. Approximately 40% of calls to the National Suicide Prevention Lifeline include requests for other social services including substance use, housing, transportation, insurance availability, and prescription assistance. These important wrap-around services and supports are currently services that 211s like ours address every day. In 2017, 211s across the U.S. made over 14.8 million connections to help, including over 4.4 million connections to housing or utilities assistance, over 2 million connections to physical or mental health services, and over 1.6 million connections to food assistance.

We encourage the FCC to consider the current 211 network as a vital partner in increasing access to suicide prevention and intervention services. We believe that an investment in a three-digit system that is already working, and already answering calls from individuals in crisis, is the most cost-effective, efficient, and ultimately effective strategy to change the upward trend of suicide in the United States through a hotline.

As you know, the FCC designated 211 as the three-digit dialing code for accessing human and social services in 2000, specifically mentioning the role 211 serves in addressing the critical needs people in crisis face:

“We find that the Information and Referral Petitioners have demonstrated sufficient public benefits to justify use of a scarce public resource, and we therefore assign 211 to be used for access to community information and referral services. Individuals facing serious threats to life, health, and mental well being have urgent and critical human needs that are not addressed by dialing 911 for emergency assistance or 311 for non-emergency police assistance.”

(FCC 00-256 THIRD REPORT AND ORDER AND ORDER ON RECONSIDERATION, Adopted: July 21, 2000 Released: July 31, 2000)

The 211 service is now available to 94.2% of the U.S. population, provided by over 200 agencies, of which over 50% are operated by local United Ways, with an additional 25% funded via United Way funds. Across the U.S., 211s answer nearly 13 million calls per year, and increasingly help clients through text messaging, web-based chat, and other mechanisms. **In a typical year, 1 million of those requests are related to suicide, mental health, or addiction.** Because our specialists can help individuals address complex issues, we often assist people who are struggling with suicidal ideation in conjunction with basic needs, like financial assistance, homelessness, or domestic violence. Many 211s also are contracted already to answer other crisis hotlines such as the Domestic Abuse Hotline and the Gambling Hotline. 211 specialists are trained and received intensive coaching and support to keep these services available 24/7.

In **North Carolina**, the United Way network across the state has built a robust statewide 2-1-1 system that serves all 100 counties, ensuring that every North Carolinian has access to a trained call specialist equipped to provide necessary support and information 24 hours a day, 7 days a week, 365 days a year. Our United Way network proudly invests in this system each year with our dollars to support the system’s infrastructure, by raising awareness of 2-1-1 as a vital community resource, and by working to ensure the 2-1-1 database best reflects the health and human services resources available in our individual communities. Specific to the issues related to suicide prevention and individuals facing that type of mental health crisis, North Carolina has a well-established Local Management Entity-Managed Care Organization (LME-MCO) network of providers representing every county in our State. The NC 2-1-1 system and call center staff are trained to follow specific protocols to route callers in crisis directly to the LME-MCO in their community to ensure quick response and mental health services. I believe the 2-1-1 system in NC is well equipped to serve as the primary number in North Carolina for all human services needs, including those facing a mental health crisis, and adding an additional 3-digit dialing code will only cause confusion for those in crisis.

There are many considerations that should be examined when assessing the true feasibility and potential outcomes of designating a new three-digit number to the National Suicide Prevention Lifeline. In particular, we encourage the Federal Communications Commission, the Substance Abuse and Mental Health Services Administration, and the Department of Veterans Affairs to consider:

- **Connectivity:** Ensuring that individuals can dial and reach the correct service provider via a three-digit number requires working with each carrier and router to provide regularly updated routing tables and ensuring that all responsible parties take necessary action to route calls correctly. The 211 network often hears from customers who are unable to reach 211 via the three-digit code, particularly if they are using a prepaid device like those sold in drugstores, despite the service being designated over 20 years ago by the FCC. When unable to reach the service, individuals become frustrated and often simply give up. Investing an adequate amount of time and resources in ensuring that individuals can reach 211, 311, 911, etc. is critical to increasing access to all vital services.

- **N11 Ecosystem Infrastructure:** Another three-digit code erodes the simplicity of a single point of access for community help. As we know from the many calls 911 receives that are not truly emergency calls, and the many calls 311 receives that are not truly public safety or city service calls, people continue to be confused by which service to call for which need. Despite concerted efforts by all three networks to educate and market the distinctions, a person in crisis will likely always reach for the most familiar or most accessible number. All 211 specialists are trained to assess and triage a caller in a mental health or suicide crisis and address appropriately, whether by deescalating and counseling themselves (if trained to do so), or by keeping the caller calm while transferring them to a crisis service. However, the current infrastructure of the N11 system prevents a 211 specialist from easily transferring a call to the caller's local 911, and vice versa. This is dangerous and problematic for not only callers experiencing suicidal ideation, but those trying to reach help for domestic violence, human trafficking, or an overdose. To truly improve access to *all* critical services for *all* people in need, investment and resources are necessary to make call transfers between N11 providers streamlined and reliable.
- **Training:** Because people occasionally call the wrong number or hotline for their need, any agent who answers a crisis call must be able to safely assess, deescalate, and manage the call. Both the National Suicide Prevention Lifeline and 211 networks currently provide many or all of the critical services for an effective system – and many are providing them in a co-located or “blended” environment with formal inter-agency transfer protocols, cross training, and shared outreach. More than 40 of our 211 centers answer calls to the National Suicide Prevention Lifeline along with other crisis and hotline calls. Moreover, all 211 agents are trained to triage, deescalate and ensure proper routing of crisis calls. All agents who work for N11 centers and other hotlines could be significantly more effective at assisting callers quickly if no-cost opportunities were available to provide universal training and certification to ensure a truly “no wrong door” approach to crisis intervention.
- **Multiple Methods of Communication:** Today, 211 and 311 services are increasingly available through text messaging and web chat, but not ubiquitously. One of the largest barriers to text message availability is that only 5- or 6-digit numbers can be texted, aside from 911 thanks to recent multi-sector efforts. To better meet people where they are, especially the younger population, with help, we must make three-digit texting available for services designated as a three-digit service by the FCC.

Both the National Suicide Prevention Lifeline and the 211 network currently provide many or all of the critical services for an effective suicide prevention system. Based on our extensive experience, we recommend the following:

- Formalize the partnership between National Suicide Prevention Lifeline, United Way Worldwide, and the Alliance of Information and Referral Systems to create a wholistic, blended system supported by training and technology infrastructure.
- Leverage the same technology that currently allows National Suicide Prevention Lifeline to offer both general and Veterans-specific hotline services to enable any caller to 211 to “press 1” to reach a designated, trained specialist and enable any National Suicide Prevention Lifeline caller to be easily transferred to their local 211 for local resource needs. This can be done without creating new infrastructure but rather by improving and streamlining existing assets.
- The supportive services needed by callers to the National Suicide Prevention Lifeline can be easily accessed and navigated through the caller's local 211. In many cases, potential crises are mitigated by 211 because help with financial concerns or identifying low-cost local mental health resources can be provided before someone reaches a true mental health crisis. Additional resources can be invested to improve the usability and accessibility of those databases across agencies, including the creation of a national 211 database currently underway.

- Funding should be invested to improve a unified single point of access with a blended partnership of the National Suicide Prevention Lifeline and 211 with efficiencies in call center capacity and operations, routing, marketing and improved technology such as texting. In addition to making help more accessible to those in need, usage of one single point of access number can be tracked and measured better than can transfers between 211 and another N11 number.

As is evident, I am writing this letter to you today as we join our colleagues throughout the nation in caring deeply about suicide prevention, our veterans, and proper continuum of care for those we serve. As the operator of the 211 network in North Carolina, and through collaboration, the leadership of United Way assures the FCC that by bringing the 211 network in as a trusted infrastructure partner we will move the country in a positive direction when addressing the mental health crisis and address the currently fractured network of centers who answer the call for suicide prevention.

Sincerely,

Laura Zink Marx  
President and CEO  
United Way of North Carolina